



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

AGENDA ITEM 5

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770**

TELEPHONE: **(626) 288-0878**

OWNER OF BUSINESS: **FANG F ZHU**

CAL. DR. LIC# **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **LAILAI FOOT SPA INC.**

MAILING ADDRESS: **1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	01/16/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	12/16/15	tchen
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	11/16/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/07/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/14/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	11/16/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142585

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor</u>	Address of Business: <u>160 Potrero Grande Dr #3 Rosemead, CA 91770</u>	
	Business Telephone: <u>626-288-0878</u>	
DBA (Business Name): <u>LAI LAI FOOT SPA INC.</u>	Mailing Address: <u>Lailaimassage@gmail.com</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>LAI LAI FOOT SPA INC.</u>	[REDACTED]	<u>LAI LAI FOOT SPA INC.</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>FANG FANG ZHU XIA NU LIANG</u>		
Home Address: [REDACTED]		
Home Telephone:	Cell Phone: [REDACTED]	Email address:
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth:
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 08-06-2015 Applicant's Signature: FANG FANG ZHU

Application taken by: Dick Date: 8-6-15

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770

TELEPHONE: (626) 288-0878

OWNER OF BUSINESS: FANG F ZHU

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LAI LAI FOOT SPA INC.

MAILING ADDRESS: 1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: No new work was done, therefore
No permits required. Documents
attached.

SIGNATURE: [Signature]

DATE: 1-6-16

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770**

TELEPHONE: **(626) 288-0878**

OWNER OF BUSINESS: **FANG F ZHU**

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **LAI LAI FOOT SPA INC.**

MAILING ADDRESS: **1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**FIRE DEPARTMENT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

Robert A. Harmon

DATE: _____

10-21-15

BASIC LICENSE NO. **5910**

DATE **08/07/15**

IDENTIFICATION NUMBER **142585**



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770

TELEPHONE: (626) 288-0878

OWNER OF BUSINESS: FANG F ZHU

CAL. DR. LIC.# [REDACTED]

UNINCORPORATED

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LAI LAI FOOT SPA INC.

MAILING ADDRESS: 1600 POTRERO GRANDE DR. #3, ROSEMEAD, CA 91770

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

657 - EL MONTE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 18

DATE: 12/16/15

BASIC LICENSE NO. 5910

DATE 10/16/15

IDENTIFICATION NUMBER 142585



OF LOS ANGELES
AND TAX COLLECTOR

O. Box 54970, Los Angeles, CA 90054-0970

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TION REFERRAL

V
15-66937

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1600 POTRERO GRANDE DR. #3, ROSEMead, CA 91770

TELEPHONE: (626) 288-0878

OWNER OF BUSINESS: FANG F ZHU

ZHU, FANGFANG

1/2/15

CAL. DR. LIC. #:

[REDACTED]

[REDACTED]

ANGELA

1/2/15

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LAL LAI FOOT SPA INC.

MAILING ADDRESS: 1600 POTRERO GRANDE DR. #3, ROSEMead, CA 91770

DATE THAT YOU STARTED BUSINESS: 5109 Bonifant Ave San Gabriel 31778

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

✓ APPROVAL

DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

[Signature]

5/20/70

DATE:

11/10/15

BASIC LICENSE NO. 5910

DATE 08/07/15

IDENTIFICATION NUMBER 142525

7/10

San Gabriel 10/1/15

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~365.00~~
\$365.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: July 9, 2015

ID#: _____

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 1600 Potrero Grande Dr. #3

CITY: Rosemead, CA 91770 APN#: 5275-006-034

NAME OF OWNER: XIA NU LIANG FANG FANG ZHU PHONE#: 626-288-0878

D.B.A./NAME OF BUSINESS: LA LA FOOT SPA INC. CELL PHONE#: [REDACTED]

MAILING ADDRESS: 1600 Potrero Grande Dr. #3 Rosemead, CA 91770

E-mail ADDRESS: _____

To be completed by Regional Planning

RBUS 201500364

EXISTING USE: New () Renewal ()

PROJECT # 2015-02294

CELL PHONE #: _____

USE PERMITTED IN ZONE C-3

USE NOT PERMITTED IN ZONE: 320 W. TEMPLE STREET, [REDACTED]

APPROVED ✓ DENIED: _____

DEPARTMENT OF REGIONAL PLANNING
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

REMARKS: RZCR 2015 00 841 approved tenant improvement
for new foot massage spa. on 8/29/13. New
State law effective 1/1/15 now requires business
license and planning approval for Massage. 5 year amortization
is established for existing massage. On 1/1/21 CUP will be required

SIGNATURE: [Signature] DATE: 8/6/15